

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Indiana Democratic Congressional Victory Committee

ADDRESS (number and street)

One North Capitol Suite 200

☐Check if different  
than previously  
reported. (ACC)

Indianapolis

IN

46204

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00108613

3. IS THIS  
REPORT☐NEW  
(N)**OR**☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2005

through

03

31

2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mrs Linda M Buzinec

Signature of Treasurer

Electronically Filed by Mrs Linda M Buzinec

Date

09

30

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2005</span>		191846.25
(b) Cash on Hand at Beginning of Reporting Period .....	124480.73	
(c) Total Receipts (from Line 19) .....	141518.46	289620.52
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	265999.19	481466.77
7. Total Disbursements (from Line 31) .....	119092.44	334560.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	146906.75	146906.75
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Indiana Democratic Congressional Victory Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5000.00	5000.00
(i) Itemized (use Schedule A) .....	159.51	351.51
(ii) Unitemized .....	5159.51	5351.51
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	5159.51	5351.51
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	1081.32	18838.68
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	37875.00	62281.89
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	97402.63	203148.44
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	97402.63	203148.44
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	141518.46	289620.52
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	44115.83	86472.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	6148.87	20442.40
(ii) Non-Federal Share.....	23131.49	76845.55
(b) Other Federal Operating Expenditures.....	63115.86	116993.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	92396.22	214281.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	639.33
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	26696.22	102921.26
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	16718.40
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	16718.40
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	119092.44	334560.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95960.95	257714.47

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	5159.51	5351.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5159.51	5351.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	69264.73	137435.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1081.32	18838.68
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	68183.41	118596.80

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 46

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard G. Inskeep

Mailing Address 11023 Carnoustie Ln

City

Fort Wayne

State

IN

Zip Code

46814-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Journal-GazetteOccupation  
Publisher

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	0	5

Transaction ID: C91057

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

5000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 46

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Julia Carson for Congress

Mailing Address 302 N East St

City

Indianapolis

State

IN

Zip Code

46202-3611

FEC ID number of contributing  
federal political committee.

**C** C00311969

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1064.77

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 5

Transaction ID: C215057

Amount of Each Receipt this Period

353.76

Offset for payroll on Line  
29

**B.**

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 1099 N Meridian St

City

Indianapolis

State

IN

Zip Code

46204-1030

FEC ID number of contributing  
federal political committee.

**C** C00306860

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2998.82

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 5

Transaction ID: C82646

Amount of Each Receipt this Period

727.56

**SUBTOTAL** of Receipts This Page (optional) .....

1081.32

**TOTAL** This Period (last page this line number only) .....

1081.32

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 46

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Auditor of State of Indiana

Mailing Address 200 W Washington St

City

State

Zip Code

Indianapolis

IN

46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

62160.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 5

Transaction ID: C166984

Amount of Each Receipt this Period

19050.00

**B.**

Full Name (Last, First, Middle Initial)

Auditor of State of Indiana

Mailing Address 200 W Washington St

City

State

Zip Code

Indianapolis

IN

46204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

62160.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 8 / 2 0 0 5

Transaction ID: C166980

Amount of Each Receipt this Period

18825.00

**SUBTOTAL** of Receipts This Page (optional) .....

37875.00

**TOTAL** This Period (last page this line number only) .....

37875.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Edmondson

Mailing Address 1530 E 81st St

City  
Indianapolis

State  
IN

Zip Code  
46240-2716

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D6086

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

2558.36

B.

Full Name (Last, First, Middle Initial)

Mr. Michael D. Edmondson

Mailing Address 1530 E 81st St

City  
Indianapolis

State  
IN

Zip Code  
46240-2716

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D6091

Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

2558.36

C.

Full Name (Last, First, Middle Initial)

Anthem BCBS IN GROUP

Mailing Address PO Box 105113

City  
Atlanta

State  
GA

Zip Code  
30348-5113

Purpose of Disbursement  
health insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D5642

Date of Disbursement

03 / 21 / 2005

Amount of Each Disbursement this Period

367.06

SUBTOTAL of Disbursements This Page (optional) .....

5483.78

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Indiana Democratic Congressional Victory Committee

FEC Schedule B ( Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204-2201

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D242431

Date of Disbursement

/   /

Amount of Each Disbursement this Period

129.38

**B.**

Full Name (Last, First, Middle Initial)

Indiana Dept of Workforce Development

Mailing Address 10 N Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204-2201

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D242432

Date of Disbursement

/   /

Amount of Each Disbursement this Period

121.15

**C.**

Full Name (Last, First, Middle Initial)

United States Postal Service

Mailing Address 125 W South St Room E-296

City  
Indianapolis

State  
IN

Zip Code  
46206

Purpose of Disbursement  
fundraising postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5638

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1174.27

**SUBTOTAL** of Disbursements This Page (optional) .....

1424.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Skyline Club	<b>Transaction ID:</b> D5671 <b>Date of Disbursement</b>																				
Mailing Address 1 American Sq Fl 36	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	1		2	0	0	5												
City Indianapolis State IN Zip Code 46282	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement catering	<table border="1"> <tr> <td colspan="10">2640.60</td> </tr> </table>	2640.60																			
2640.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Molly E. Chavers	<b>Transaction ID:</b> D6084 <b>Date of Disbursement</b>																				
Mailing Address 1487 Sierra Springs Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	5												
City Indianapolis State IN Zip Code 46280	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1635.35</td> </tr> </table>	1635.35																			
1635.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Molly E. Chavers	<b>Transaction ID:</b> D6089 <b>Date of Disbursement</b>																				
Mailing Address 1487 Sierra Springs Dr.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	0	5
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	0	5												
City Indianapolis State IN Zip Code 46280	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1635.35</td> </tr> </table>	1635.35																			
1635.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5911.30

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 46

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Voter Activation Network LLC

Mailing Address 54 Regent St

City  
Cambridge

State  
MA

Zip Code  
02140-2112

Purpose of Disbursement  
voter file service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5672

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City  
Indianapolis

State  
IN

Zip Code  
46217-5484

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D6083

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2497.81

**C.**

Full Name (Last, First, Middle Initial)

Mr. Daniel J Parker

Mailing Address 7458 Rooses Way

City  
Indianapolis

State  
IN

Zip Code  
46217-5484

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D6088

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2497.81

**SUBTOTAL** of Disbursements This Page (optional) .....

7295.62

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Finelight

Mailing Address 100 Fountain Square

City State Zip Code  
Bloomington IN 47404

Purpose of Disbursement  
fundraising

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D5637

Date of Disbursement

/   /

Amount of Each Disbursement this Period

16746.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William G. French, II

Mailing Address 5205 E North St

City State Zip Code  
Indianapolis IN 46219-5633

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D6087

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1779.68

**C.**

Full Name (Last, First, Middle Initial)

Mr. William G. French, II

Mailing Address 5205 E North St

City State Zip Code  
Indianapolis IN 46219-5633

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D6092

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1779.68

**SUBTOTAL** of Disbursements This Page (optional) .....

20305.36

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly N Bostic

Mailing Address 6864 W Philadelphia Dr

City State Zip Code  
Mc Cordsville IN 46055-9325

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D6085

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

1162.42

B.

Full Name (Last, First, Middle Initial)

Mrs. Kimberly N Bostic

Mailing Address 6864 W Philadelphia Dr

City State Zip Code  
Mc Cordsville IN 46055-9325

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D6090

Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

1162.42

C.

Full Name (Last, First, Middle Initial)

Anthem Blue Cross and Blue Shield

Mailing Address PO Box 790444

City State Zip Code  
Saint Louis MO 63179

Purpose of Disbursement  
health insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D244413

Date of Disbursement

03 / 21 / 2005

Amount of Each Disbursement this Period

13467.87

SUBTOTAL of Disbursements This Page (optional) .....

15792.71

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D240952

Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

710.88

B.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D241118

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

658.67

C.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5635

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

90.56

SUBTOTAL of Disbursements This Page (optional) .....

1460.11

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City  
Indianapolis

State  
IN

Zip Code  
46204

Purpose of Disbursement  
payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D5641

Date of Disbursement

/   /

Amount of Each Disbursement this Period

57.56

SUBTOTAL of Disbursements This Page (optional) .....

57.56

TOTAL This Period (last page this line number only) .....

62964.12

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Ms. Carrie L. Bales

Mailing Address 706 Hess Ave

City  
Evansville

State  
IN

Zip Code  
47712-5545

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D5633

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

1317.88

B.

Full Name (Last, First, Middle Initial)

Ms. Carrie L. Bales

Mailing Address 706 Hess Ave

City  
Evansville

State  
IN

Zip Code  
47712-5545

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D5639

Date of Disbursement

03 / 18 / 2005

Amount of Each Disbursement this Period

1317.88

C.

Full Name (Last, First, Middle Initial)

Mrs. Linda K. Harris

Mailing Address 11129 Peppermill Ln

City  
Fishers

State  
IN

Zip Code  
46037-9082

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D239159

Date of Disbursement

03 / 04 / 2005

Amount of Each Disbursement this Period

2540.15

SUBTOTAL of Disbursements This Page (optional) .....

5175.91

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Linda K. Harris	<b>Transaction ID:</b> D239160 <b>Date of Disbursement</b>
Mailing Address 11129 Peppermill Ln	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div>
City Fishers State IN Zip Code 46037-9082	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll	<div>2540.15</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> D239461 <b>Date of Disbursement</b>
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll taxes	<div>4368.66</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Internal Revenue Service	<b>Transaction ID:</b> D239462 <b>Date of Disbursement</b>
Mailing Address Cincinnati Commerce Ctr	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div>
City Cincinnati State OH Zip Code 45999	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll taxes	<div>4836.55</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**11745.36**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks Mailing Address 5443 Milroy Rd	<b>Transaction ID:</b> D239537 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46216-2087 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>753.41</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Leatrice Webb-Parks Mailing Address 5443 Milroy Rd	<b>Transaction ID:</b> D239762 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46216-2087 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>753.41</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller Mailing Address 11342 Fairweather Pl	<b>Transaction ID:</b> D239088 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 4 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>919.42</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**2426.24**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mrs. Michele Miller Mailing Address 11342 Fairweather Pl	<b>Transaction ID:</b> D239089 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div>
City Indianapolis State IN Zip Code 46229-4982 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>919.42</div> <div>Category/Type</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ms. Angela Belden Mailing Address unknown City unknown State AA Zip Code 99999 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D242048 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1010.05</div> <div>Category/Type</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Ms. Jennifer L. Grawcock Mailing Address 5954 Dewey Ave City Indianapolis State IN Zip Code 46219 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D242944 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 5</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1301.57</div> <div>Category/Type</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**3231.04**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A.**

Full Name (Last, First, Middle Initial)

Ms. Jennifer L. Grawcock

Mailing Address 5954 Dewey Ave

City  
Indianapolis

State  
IN

Zip Code  
46219

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D242945

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1301.57

**B.**

Full Name (Last, First, Middle Initial)

Ms Kristen L Self

Mailing Address 8813 Sunbow Dr

City  
Indianapolis

State  
IN

Zip Code  
46231

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D243033

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1366.55

**C.**

Full Name (Last, First, Middle Initial)

Ms Kristen L Self

Mailing Address 8813 Sunbow Dr

City  
Indianapolis

State  
IN

Zip Code  
46231

Purpose of Disbursement  
payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D243034

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1366.55

**SUBTOTAL** of Disbursements This Page (optional) .....

4034.67

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 / 46

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

A.

Full Name (Last, First, Middle Initial)

Indiana Department of Revenue

Mailing Address 100 North Senate Ave

City  
IndianapolisState  
INZip Code  
46204Purpose of Disbursement  
income taxes

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D244488

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	0	5

Amount of Each Disbursement this Period

83.00

SUBTOTAL of Disbursements This Page (optional) .....

83.00

TOTAL This Period (last page this line number only) .....

26696.22

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 24 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

21179.78

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

21179.78

Transaction ID: T1822

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 25 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 2 2 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

64.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

64.00

Transaction ID: T1823

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 26 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 2 9 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

8181.98

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8181.98

Transaction ID: T1824

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 27 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 IDP Non-Federal

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 3 1 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

19321.56

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

19321.56

Transaction ID: T1825

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 28 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT

Indiana Democratic  
S

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	0	5

TOTAL AMOUNT TRANSFERRED

8815.58

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

8815.58

Transaction ID: T289

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 29 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT

Indiana Democratic  
S

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	5

TOTAL AMOUNT TRANSFERRED

6605.59

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

6605.59

Transaction ID: T290

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 30 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 0 3 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

14703.94

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

14703.94

Transaction ID: T291

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 31 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 1 5 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

67.20

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

67.20

Transaction ID: T292

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 32 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

2190.72

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2190.72

Transaction ID: T293

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 33 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT  
 Indiana Democratic  
 S

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 3 / 1 7 / 2 0 0 5

TOTAL AMOUNT TRANSFERRED

924.64

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

924.64

Transaction ID: T294

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 34 / 46  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

NAME OF ACCOUNT

Indiana Democratic  
S

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	0	5

TOTAL AMOUNT TRANSFERRED

15347.64

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

15347.64

Transaction ID: T295

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

97402.63

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

97402.63

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 35 / 46  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
 Sandler & Reiff

Mailing Address

50 E St SE Ste 300

City State Zip Code  
 Washington DC 20003-2620

Purpose of Disbursement:  
 Legal Fees

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date M M / D D / Y Y Y Y  
 03 / 21 / 2005

Transaction ID: D5674

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.00		316.00		400.00

**B. Full Name (Last, First, Middle Initial)**  
 Denison Parking, INC.

Mailing Address

36 S Pennsylvania St Ste 200

City State Zip Code  
 Indianapolis IN 46204-3627

Purpose of Disbursement:  
 parking

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date M M / D D / Y Y Y Y  
 03 / 21 / 2005

Transaction ID: D5673

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
207.90		782.10		990.00

**C. Full Name (Last, First, Middle Initial)**  
 Denison Parking, INC.

Mailing Address

36 S Pennsylvania St Ste 200

City State Zip Code  
 Indianapolis IN 46204-3627

Purpose of Disbursement:  
 parking coupons

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date M M / D D / Y Y Y Y  
 03 / 22 / 2005

Transaction ID: D5675

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
312.90		1177.10		1490.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 36 / 46  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
 Verizon Wireless

Mailing Address

PO Box 790406

City	State	Zip Code
Saint Louis	MO	63179-0406

Purpose of Disbursement:  
 phones

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5653

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
197.42		742.67		940.09

**B. Full Name (Last, First, Middle Initial)**  
 Time Warner Cable

Mailing Address

PO Box 741855

City	State	Zip Code
Cincinnati	OH	45274-1855

Purpose of Disbursement:  
 cable

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5654

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.29		57.51		72.80

**C. Full Name (Last, First, Middle Initial)**  
 Gibson Insurance Agency, Inc.

Mailing Address

PO Box 610

City	State	Zip Code
Plymouth	IN	46563-0610

Purpose of Disbursement:  
 professional liability

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	7

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5659

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
718.83		2704.17		3423.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
931.54		3504.35		4435.89

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 37 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**

Storage USA

Mailing Address

501 Fulton St

City

State

Zip Code

Indianapolis

IN

46202-3510

Purpose of Disbursement:

storage

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M

/

D D

/

Y Y

Y Y

0 3

2 1

2 0

0 5

Transaction ID: D5670

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

48.51

182.48

230.99

**B. Full Name (Last, First, Middle Initial)**

Rite Quality Office Supplies, INC

Mailing Address

710 N Washington St

City

State

Zip Code

Kokomo

IN

46901-3314

Purpose of Disbursement:

office supplies

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M

/

D D

/

Y Y

Y Y

0 3

0 4

2 0

0 5

Transaction ID: D5644

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

86.78

326.46

413.24

**C. Full Name (Last, First, Middle Initial)**

Duke Realty Corporation

Mailing Address

75 Remittance Dr

Dept 3205

City

State

Zip Code

Chicago

IL

60675-3205

Purpose of Disbursement:

rent

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M

/

D D

/

Y Y

Y Y

0 3

3 1

2 0

0 5

Transaction ID: D5680

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2684.71

10099.64

12784.35

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

2820.00

10608.58

13428.58

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 38 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
 LexisNexis

Mailing Address  
 PO Box 2314

City	State	Zip Code
Carol Stream	IL	60132-0001

Purpose of Disbursement:  
 legal service

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5652

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

83.37

313.63

397.00

**B. Full Name (Last, First, Middle Initial)**  
 Dell Financial Services

Mailing Address  
 PO Box 5292

City	State	Zip Code
Carol Stream	IL	60197-5292

Purpose of Disbursement:  
 computer supplies

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5645

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

0.53

1.98

2.51

**C. Full Name (Last, First, Middle Initial)**  
 Dell Financial Services

Mailing Address  
 PO Box 5292

City	State	Zip Code
Carol Stream	IL	60197-5292

Purpose of Disbursement:  
 computers

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5665

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

7.60

28.58

36.18

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

91.50

344.19

435.69

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 39 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
 Citi Cards

Mailing Address  
 PO Box 6000

City	State	Zip Code
The Lakes	NV	89163-0001

Purpose of Disbursement:  
 travel

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5649

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

145.86

548.70

694.56

**B. Full Name (Last, First, Middle Initial)**  
 SBC Global Services, Inc.

Mailing Address  
 PO Box 8102

City	State	Zip Code
Aurora	IL	60507-8102

Purpose of Disbursement:  
 phone services

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5646

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

44.63

167.87

212.50

**C. Full Name (Last, First, Middle Initial)**  
 SBC Long Distance

Mailing Address  
 PO Box 660688

City	State	Zip Code
Dallas	TX	75266-0688

Purpose of Disbursement:  
 phones

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5647

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

24.30

91.43

115.73

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

214.79

808.00

1022.79

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 40 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**

SBC Long Distance

Mailing Address

PO Box 660688

City

State

Zip Code

Dallas

TX

75266-0688

Purpose of Disbursement:  
phone servicesCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M / D D / Y Y Y Y

0 3 / 2 1 / 2 0 0 5

Transaction ID: D5666

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

19.22

72.32

91.54

**B. Full Name (Last, First, Middle Initial)**

IKON Office Solutions

Mailing Address

PO Box 740541

City

State

Zip Code

Atlanta

GA

30374-0541

Purpose of Disbursement:  
office equipment rentalCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M / D D / Y Y Y Y

0 3 / 2 1 / 2 0 0 5

Transaction ID: D5661

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

782.14

2942.34

3724.48

**C. Full Name (Last, First, Middle Initial)**

SBC Ameritech

Mailing Address

Bill Payment Ctr

City

State

Zip Code

Chicago

IL

60663-0001

Purpose of Disbursement:  
phonesCategory/  
Type

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date

M M / D D / Y Y Y Y

0 3 / 2 1 / 2 0 0 5

Transaction ID: D5662

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

10.18

38.31

48.49

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

811.54

3052.97

3864.51

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT



# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 41 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
 SBC Ameritech

Mailing Address  
 Bill Payment Ctr

City State Zip Code  
 Chicago IL 60663-0001

Purpose of Disbursement:  
 phones

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date  /  /

Transaction ID: D5663

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="80.61"/>		<input type="text" value="303.23"/>		<input type="text" value="383.84"/>

**B. Full Name (Last, First, Middle Initial)**  
 SBC Capital Services

Mailing Address  
 13160 Collection Center Dr

City State Zip Code  
 Chicago IL 60693-0131

Purpose of Disbursement:  
 phone services

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date  /  /

Transaction ID: D5668

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="113.76"/>		<input type="text" value="427.95"/>		<input type="text" value="541.71"/>

**C. Full Name (Last, First, Middle Initial)**  
 PBCC

Mailing Address  
 PO Box 856460

City State Zip Code  
 Louisville KY 40285-6460

Purpose of Disbursement:  
 office supplies

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date  /  /

Transaction ID: D5657

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="599.41"/>		<input type="text" value="2254.92"/>		<input type="text" value="2854.33"/>

## **SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="793.78"/>		<input type="text" value="2986.10"/>		<input type="text" value="3779.88"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 42 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**

The Conference Group

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

## Mailing Address

254 Chapman Rd , Topkis Building S

City State Zip Code

Newark DE 19702

Purpose of Disbursement:  
phonesCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

M	M
0	3

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5667

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

14.11

53.10

67.21

**B. Full Name (Last, First, Middle Initial)**

National City

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

## Mailing Address

101 W Washington St

City State Zip Code

Indianapolis IN 46204

Purpose of Disbursement:  
Credit Card FeesCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

M	M
0	3

 / 

D	D
0	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5648

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1.30

4.90

6.20

**C. Full Name (Last, First, Middle Initial)**

National City

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

## Mailing Address

101 W Washington St

City State Zip Code

Indianapolis IN 46204

Purpose of Disbursement:  
travelCategory/  
TypeActivity or Event Identifier:  
AdministrativeDate 

M	M
0	3

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5660

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

2.23

8.41

10.64

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

17.64

66.41

84.05

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 43 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
Arvey Paper

Mailing Address

1021 N Pennsylvania St

City	State	Zip Code
Indianapolis	IN	46204-1022

Purpose of Disbursement:  
office suppliesCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5656

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

42.63

160.38

203.01

**B. Full Name (Last, First, Middle Initial)**  
Standard Parking

Mailing Address

115 West Washington Street

City	State	Zip Code
Indianapolis	IN	46204

Purpose of Disbursement:  
parkingCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	5

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5658

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

22.05

82.95

105.00

**C. Full Name (Last, First, Middle Initial)**  
DHL Express Inc.

Mailing Address

1200 S Pine Island Rd

City	State	Zip Code
Plantation	FL	33324

Purpose of Disbursement:  
delivery serviceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5655

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

2.94

11.06

14.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

67.62

254.39

322.01

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 44 / 46

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Indiana Democratic Congressional Victory Committee

**A. Full Name (Last, First, Middle Initial)**  
DHL Express Inc.

Mailing Address

1200 S Pine Island Rd

City	State	Zip Code
Plantation	FL	33324

Purpose of Disbursement:  
delivery serviceCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
2	1

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5664

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

15.34

57.72

73.06

**B. Full Name (Last, First, Middle Initial)**  
Mr. Michael D. Edmondson

Mailing Address

1530 E 81st St

City	State	Zip Code
Indianapolis	IN	46240-2716

Purpose of Disbursement:  
travel reimbursementCategory/  
TypeActivity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D5651

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

72.22

271.68

343.90

**C. Full Name (Last, First, Middle Initial)**  
Expedia

Mailing Address

13810 SE Eastgate Way Ste 400

City	State	Zip Code
Bellevue	WA	98005-4425

Purpose of Disbursement:  
travelCategory/  
TypeActivity or Event Identifier:  
Administrative**[MEMO ITEM]**

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

97287.95

Date 

M	M
0	3

 / 

D	D
1	4

 / 

Y	Y	Y	Y
2	0	0	5

Transaction ID: D6557

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

72.22

271.68

343.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

87.56

329.40

416.96

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

6148.87

23131.49

29280.36

Image# 28992286538

Form/Schedule: **F3XA**

Transaction ID:

Please note that the Committee is amending all reports from January 1, 2005, to present as a result of a comprehensive and expansive internal audit in which several financial discrepancies and irregularities were discovered. Please note that from January 1, 2005, through mid 2007, the Committee did not correctly report allocable expenses. This issue has been corrected on these amendments and has been reported correctly since its discovery in 2007. This issue is related to ADR 342.

Form/Schedule: **SB21B**

Transaction ID: **D5638**

Committee fundraising, not on behalf of any candidate for federal office.

\*\*\*\*\*

Image# 28992286539

Form/Schedule: **SB21B**

Transaction ID: **D5671**

Catering was not for the benefit of any federal candidate.

Form/Schedule: **SB21B**

Transaction ID: **D5637**

General Committee fundraising not for the benefit of any candidate for federal office

\*\*\*\*\*